

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027864

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 209

Primary Registration District No. \_\_\_\_\_

Registrar's No. 23

STATE FILE NUMBER

FILED JUL 17 1962

1. PLACE OF DEATH  
a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Union Twp.

Length of stay in 1b  
7 mo.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

RFD 1, Philadelphia

Inside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE

Missouri

b. COUNTY

Marion

c. CITY  
OR  
TOWN

Philadelphia

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
RFD 1Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

William

Evans

Sanders

4. DATE  
OF  
DEATH

Month

Day

Year

June 25, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/15/26

9. AGE (last birthday)

36

IF UNDER 1 YEAR

Months 2 Days 10

IF UNDER 24 HR

Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Manufacturing

11. BIRTHPLACE (City and state or country)

Quincy, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William C. Sanders

13b. MOTHER'S MAIDEN NAME

Fern C. Evans

14. NAME OF HUSBAND OR WIFE

Ruth Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW II

16. SOCIAL SECURITY NO.

30

17. INFORMANT

Address

William C. Sanders, Philadelphia,

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Accidental electrocution

INTERVAL BETWEEN  
ONSET AND DEATH

immediate

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Electrocuted on 6700 volt REA electric line

20c. TIME OF  
INJURY

Hour

Month, Day, Year

6 30

p.m.

6 25 62

while trying to reconnect transformer. He was not authorized to do this.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

REA power line pole

20f. CITY, TOWN, OR LOCATION

Union Township

COUNTY

Marion

STATE

Mo

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_

6:30

p

Death occurred at \_\_\_\_\_

6:30

p

and last saw him alive on \_\_\_\_\_

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry H. Lewis Jr. M.D. Coroner

22b. ADDRESS

1 Hannibal Mo

22c. DATE SIGNED

7/2/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

6/29/62

23c. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

23d. LOCATION (City, town, or county)

Quincy, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Feaster-Garner, Philadelphia, Mo.

25. DATE RECD. BY LOCAL REG.

7-3-62

26. REGISTRAR'S SIGNATURE

Dr. E. M. Luch

(Licensed Embalmer's Statement on Reverse Side)

By Viola Gen. Deputy

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

7961 8 1 706 SA

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3720

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.